## CERTIFICATE OF ASSUMED BUSINESS NAME

for individuals (sole proprietorships), sirms, or partnerships engaged in business under a name other than their own (DBA)

STATE OF INDIANA, COUNTY OF
NAME OF BUSINESS: RLN PRODUCTIONS
KIND OF BUSINESS: ANDTO NODEO RECORDING / eDiting
PLACE OF BUSINESS: 7544 Sporting CITALISAD IN, 46324
PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM ORPARTNERSHIP:
Robbey Digth great the Jake County Resolder BRACH IN. 463195
atst
I hereby certify that I have personal knowledge of the facts stated above and that etch of them are true.
Written Signature  Of them are true.  Written Signature  Printed Name  Capacity of Signer
M $M$
FORM PREPARED BY: Know Nothing Rolling Night, Ngs le
If this form has been faxed to you, it must be copied onto regular paper before filing. The completed form must be filed in
THE OFFICE OF THE COUNTY RECORDER OF EACH COUNTY IN WHICH A

Filed on Movember 6, 1995.